

**BREMEN PARKS & RECREATION DEPARTMENT
YOUTH REGISTRATION / RELEASE FORM**

PLEASE PRINT

NAME: _____ AGE _____ DATE OF BIRTH _____ MALE / FEMALE (circle)

SCHOOL ATTENDING _____ GRADE _____ (current or grade just completed)

I LIVE WITHIN THE CITY LIMITS OF BREMEN: _____ YES _____ NO COUNTY _____

HOME ADDRESS: _____

CITY: _____ ZIP _____ COUNTY _____

DAY PHONE: () _____ NIGHT PHONE: () _____

EMAIL: _____ CELL OR PAGER () _____

PARENT OR GUARDIAN: _____

I AM SIGNING UP TO PARTICIPATE IN _____

CANNOT BE LOCATED NOTIFY: _____ PHONE _____

LIST ANY SIGNIFICANT ILLNESS / OPERATION AND SPECIAL MEDICATION _____

ALLERGIES: YES _____ NO _____ MEDICATION _____

SHIRT SIZE: (circle one) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

PANT SIZE: (circle one) Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL

**PARTICIPANTS WILL BE PLACED/DIVIDED INTO GROUPS/TEAMS ACCORDING TO DEPARTMENT POLICY.
PARENTS/COACHES/OTHERS WILL NOT MOVE PARTICIPANTS FROM ONE GROUP TO ANOTHER.**

RELEASE: There is, by participation in recreation activities a risk of injury, and by signing this waiver release form you are hereby acknowledging this risk. You are waiving your right to take legal action against the City of Bremen, BRD, or any employee(s) or volunteer(s) working with our organization for liability should you or your child incur an injury.

PARTICIPATION: I hereby give permission for the above minor to participate in the above program

TRANSPORTATION: I am aware that participation in some programs require transportation and/or from various places. I hereby give permission for the above minor to be transported by department volunteers and/or staff, without further notice, as necessitated by program design.

CONSENT OF TREATMENT: I authorize such physician or medical staff as the BRD may designate to carry out minor medical or surgical treatment and / or medication necessary by them for the well being of my child/ward. it is understood, however, that if hospitalization or treatment of more serious nature is required, I will be contacted, if at all possible, by telephone for permission. The physician, organizers, directors, agents, or employees of the BRD are hereby released, acquitted and discharged from any claim for damage to person or property during the event or program, including transportation to or from the event and / or to any program. An in that regard, I hereby covenant that on my behalf and for the minor not to file a claim or bring a suit with respect to any such injury or damage, I, the undersigned, am a parent (or guardian) of the above specified minor. I have read and fully understand the provisions of the above and release and have explained them to said minor. I hereby agree that said minor and I will bound thereby.

IS YOUR CHILD PARTICIPATING IN A LEAGUE OR TEAM OUTSIDE OUR DEPARTMENT? YES _____ NO _____

I want ____, I do not want ____ insurance offered by the recreation department (RECI) for a cost of \$6.00 a year. It begins August 1 of each year and continues until August 1 of the following year.

SIGNATURE OF PARENT / GUARDIAN _____ DATE: _____